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APPLICANTS

George T. Holt, Round Rock, TX;  
 Brandon Brocklesby, Cedar Park, TX;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials

ADDRESS  
 23640  
 BAKER BOTTS, LLP  
 910 LOUISIANA  
 HOUSTON, TX  
 77002-4995

TITLE  
 Low profile expansion card retaining clip

FILING FEE  RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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